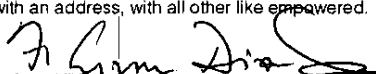


150. FLORID 13 Vendor

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED**
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90044 028 ***150.00

DOCUMENT # 140566			
1. Entity Name EMBASSY CORPORATION			
Principal Place of Business 2 FOUR ARTS PLZ PALM BEACH FL 33480 US		Mailing Address 2 FOUR ARTS PLZ PALM BEACH FL 33480 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-0294178		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUGGAN, ERVIN 2 FOUR ARTS PLZ PALM BEACH FL 33480		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, FITZ E JR 320 EL VEDADO ROAD PALM BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			FREE TO NYTEIM, JOHN MR. 369 S. LAKE DRIVE Palm Beach FL 33480
			☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOYT, BARRY 133 BANYAN ROAD PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, DUDLEY 220 E. BRAVO PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUBELMANN, WILLIAM 1 N CLEMATIS ST. WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCAFF, DAVID 159 SEASPRAY AVE PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHULER, JOHN 200 JUNGLE ROAD PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3.9.05 561-655-7227	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	